

STANDARD CERTIFICATE OF DEATH

State File No.

14917

547

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Linn				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Linn			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		1587	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis				d. STREET ADDRESS (If rural, give location) 229 E. Crocker			
3. NAME OF DECEASED (Type or Print) a. (First) Eugene		b. (Middle) Pollard		c. (Last) Maloney		4. DATE OF DEATH (Month) (Day) (Year) April 22, 53	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 5, 1874		9. AGE (in years, last birthday) 78 If under 1 year: Months 11 Days 17 If under 12 mos. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Blacksmith		11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME David C. Maloney		13b. MOTHER'S MAIDEN NAME Mary F. Drace		14. NAME OF HUSBAND OR WIFE Lulu			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Glenn E. Maloney, Tuscola, Ill			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MASSIVE CEREBRAL HEMORRHAGE 10 HRS. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC VASCULAR DISEASE DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from JAN 1953 , to APRIL 1953 , that I last saw the deceased alive on APRIL 22, 1953 , and that death occurred at 6:40 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul I. Berry M.D.				23b. ADDRESS Marceline, Mo.		23c. DATE SIGNED 4-23-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/24/53		24c. NAME OF CEMETERY OR CREMATORY Brunswick		24d. LOCATION (City, town, or county) (State) Burnwick, Missouri	
DATE REC'D BY LOCAL REG. 4-24-53		REGISTRAR'S SIGNATURE Mary Jane Owens		FUNERAL DIRECTOR'S SIGNATURE W. McLaughlin		ADDRESS Marceline, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by X

Student Embalmer No. X

working under my personal supervision.

Student X
Student Embalmer

Signed

George W. Dawsen

Licensed Embalmer No. 4799

P. O. Address Marceline, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.